DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I beli ve I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Photovoltaic Solid State Re	Lay				on the medical	m chinica:
the application of which is attached hereto	R	was file Number or (Confirmat	d ou PCT Internation No	ional Applicati), ar	as United S on Number nd was amended plicable).	tates Application
I hereby state that I have reviewed and understa by any amendment specifically referred to above	nd the conte	nts of the al	ove identifie	d application, i	ncluding the cla	nims, as amende
I acknowledge the duty to disclose informati continuation-in-part application(s), material info the national or PCT international filing date of the	or which is			y as defined : veen the filing	in 37 CFR 1.5 date of the prio	6, including for application and
I hereby claim foreign priority benefits under 35 or plant breeder's rights certificate(s), or 365(a) than the United States of America, listed below patent, inventor's or plant breeder's rights certific application on which priority is claimed.	U.S.C. 119(a of any PCT	a)-(d) or (f), internationa	or 365(b) of application	s) which design	nated at least o	ne country other
Prior Foreign Application Number(s) 2002-314042	Country Japan		Foreign Fili October	_	Priority	Claimed No
I hereby claim domestic priority benefits under 35 States provisional application(s), or \$365(c) of a insofar as the subject matter of each of the claimsternational application in the manner provided to disclose any information material to the patential filing date of the prior application and the national	aims of this the first probability of the	national app application tragraph of	is not disclerite 35, Unit	esignating the losed in a listed code	United States, li ed prior United	sted below and, States or PCT
Prior U.S. or International Application Number(s)	U.S. or International Filing Date			•	Status	
I hereby appoint all attorneys of SUGHRUE MI my attorneys to prosecute this application and to therewith, recognizing that the specific attorneys discretion of Sughrue Mion, PLLC, and request the the same USPTO Customer Number	listed under	business in	ine United Si	tates Patent an	d Trademark O	ffice connected

23373

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

[Page 1 of 2]

NAME OF SOLE OR FIRST INVE	INTOR:						
Given Name (first and middle [if any]) Kazuo		Family Name or Surnar	ne S	YAMAGISHI			
Inventor's Signature	Kazwo Yamo	gishi (1)	Date C	October 27, 2003			
Residence: City Shiga	State	Country Japan		Citizenship Japanese			
Mailing Address: c/o NEC Kansai, Ltd., 9-1, Seiran 2-chome, Ohtsu-shi,							
City Shiga	State	Zip		Country Japan			
NAME OF SECOND INVENTOR:				<u> </u>			
Given Name (first and middle [if any])		Pamily Name or Surnar	ne				
Inventor's Signature			Date	•			
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Соилич			
NAME OF THIRD INVENTOR:							
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City	State	Country		Citizenship			
Mailing Address:				-			
City	State	Zip		Country			
NAME OF FOURTH INVENTOR:			/ /				
Given Name (first and middle [if any])		Family Name or Surnam	ne				
Inventor's Signature							
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF FIFTH INVENTOR:							
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature							
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			